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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 04707.84238

First Inventor Carey COOPER

Title PULTRUDED FIBERGLASS REINFORCED PLASTIC  
UNDERGROUND VAULT CONSTRUCTION

Express Mail Label No.

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 23]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 17]
5. ☒ Oath or Declaration [Total Pages 2]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

22907

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name

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Robert S. Katz

Registration No. (Attorney/Agent)

36,402

Signature



Date

November 28, 2000

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**Complete if Known**

Application Number To be assigned

Filing Date Concurrently Herewith

First Named Inventor Carey COOPER

Examiner Name To be assigned

Group / Art Unit To be assigned

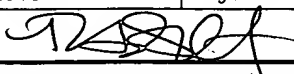
Attorney Docket No. 04707.84238

**TOTAL AMOUNT OF PAYMENT** (\$) 467

| METHOD OF PAYMENT (check one)   |  | FEE CALCULATION (continued)       |                            |
|---|--|-----------------------------------|----------------------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  |  | <b>3. ADDITIONAL FEES</b>         |                            |
| Deposit Account Number 19-0733  |  | Large Entity Fee Code (\$)        | Small Entity Fee Code (\$) |
| Deposit Account Name Banner & Witcoff, LTD  |  | 105 130                           | 205 65                     |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17                                       |  | 127 50                            | 227 25                     |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | 139 130                           | 139 130                    |
| 2. <input type="checkbox"/> Payment Enclosed:   |  | 147 2,520                         | 147 2,520                  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other |  | 112 920*                          | 112 920*                   |
|   |  | 113 1,840*                        | 113 1,840*                 |
|   |  | 115 110                           | 215 55                     |
|   |  | 116 390                           | 216 195                    |
|   |  | 117 890                           | 217 445                    |
|   |  | 118 1,390                         | 218 695                    |
|   |  | 128 1,890                         | 228 945                    |
|   |  | 119 310                           | 219 155                    |
|   |  | 120 310                           | 220 155                    |
|   |  | 121 270                           | 221 135                    |
|   |  | 138 1,510                         | 138 1,510                  |
|   |  | 140 110                           | 240 55                     |
|   |  | 141 1,240                         | 241 620                    |
|   |  | 142 1,240                         | 242 620                    |
|   |  | 143 440                           | 243 220                    |
|   |  | 144 600                           | 244 300                    |
|   |  | 122 130                           | 122 130                    |
|   |  | 123 130                           | 123 130                    |
|   |  | 126 180                           | 126 180                    |
|   |  | 581 40                            | 581 40                     |
|   |  | 146 710                           | 246 355                    |
|   |  | 149 710                           | 249 355                    |
|   |  | 179 710                           | 279 355                    |
|   |  | 169 900                           | 169 900                    |
|   |  | Other fee (specify) _____         |                            |
|   |  | *Reduced by Basic Filing Fee Paid |                            |
|   |  | SUBTOTAL (3) (\$ 0)               |                            |

| FEE CALCULATION               |   |
|-------------------------------|---|
| <b>1. BASIC FILING FEE</b>    |   |
| Large Entity Fee Code (\$)    | Small Entity Fee Code (\$)                    |
| 101 710                       | 201 355                                       |
| 106 320                       | 206 160                                       |
| 107 490                       | 207 245                                       |
| 108 710                       | 208 355                                       |
| 114 150                       | 214 75  |
| SUBTOTAL (1) (\$ 355)         |   |
| <b>2. EXTRA CLAIM FEES</b>    |   |
| Total Claims 28 -20** = 8     | Extra Claims 8 X Fee from below 9 = 72        |
| Independent Claims 4 -3** = 1 | Independent Claims 1 X Fee from below 40 = 40 |
| Multiple Dependent 0          | Multiple Dependent 0 X Fee from below 0 = 0   |
| SUBTOTAL (2) (\$ 112)         |   |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |   | Complete (if applicable)        |                   |
|-------------------|---|---------------------------------|-------------------|
| Name (Print/Type) | Robert S. Katz  | Registration No. Attorney/Agent | 36,402            |
| Signature         |  | Telephone                       | (202) 508-9100    |
|                   |   | Date                            | November 28, 2000 |

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